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Parental attachment as a predictor of sexual, physical, and emotional abuse revictimization

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PARENTAL ATTACHMENT AS A PREDICTOR OF SEXUAL, PHYSICAL, AND EMOTIONAL ABUSE REVICTIMIZATION

A Thesis

Presented to the

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ABSTRACT

Sexual, physical and emotional abuse occurring in childhood has been proven to affect long-term functioning in adults. A common outcome documented in the abuse literature is the issue of revictimization. Revictimization is defined as the experience of having been sexually, emotionally and/or physically assaulted both in childhood as well as in adulthood. The purpose of this study is to explore why revictimization occurs in women who were sexually abused as children. This study investigates the outcomes of said abuse and attempts to determine precursors for future victimization. Participants were women who have experienced child sexual abuse. This study examines variables such as nature and severity of childhood abuse, attachment, and self-esteem to identify predictors of repeated abuse. Current theoretical and empirical work guided the selection of these variables. I hypothesized that lower positive attachment to parental figures, mediated by low self-esteem, will be associated revictimization in adulthood. The results did not support this hypothesis. Though self-esteem was correlated with both attachment and revictimization individually, there was no mediational

effect of self-esteem between parental attachment and revictimization.

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CHAPTER ONE

LITERATURE REVIEW

Introduction

Child abuse and neglect are serious problems in the United States today. Medora, Wilson, and Larson (2001) found that in 1997 Child Protective Services received approximately three million reports of suspected child abuse and neglect. Child abuse, whether sexual, physical or emotional, has damaging and long-term effects on adult functioning (Mullen, Martin, Anderson, Romans, & Herbison, 1996). Similarly, Horton and Cruise (1997) found that child maltreatment has both immediate and long-term effects. For example, Beitchman, Zucker, Hood, DaCosta, Akman, and Cassavia (1992) found that children of abuse often struggle with low self-esteem for life. Additionally, Vitiello (2002) reported that child abuse and neglect survivors not only had low self-esteem in common but also experienced an insecure attachment to their primary caregivers. Finally, a common outcome repeatedly documented in the literature is the issue of revictimization. It is important to note that of the three different types of abuse (sexual, emotional, and physical) that children experience, sexual abuse has received the

most research interest with regard to victimization. The aim of this study is to identify variables that explain why revictimization occurs. This review begins with a brief overview of revictimization and the various types of abuse before diving into research that focuses on specific variables of interest, attachment and self-esteem in relation to childhood sexual abuse and revictimization.

Revictimization

Arata (2000) defines revictimization as having experienced child sexual abuse (CSA) and a separate incident of adolescent/adult victimization. Though this definition has been largely restricted to only one type of abuse, it can be assumed that the same criteria can apply to physical and emotional abuse as well. Clarke and Llewelyn (1994) provide a more general definition of revictimization. They define revictimization as the "unwelcome re-experiencing of an abusive relationship or behavior that first occurred in childhood" (p. 274). Research has shown that revictimization that is severe or long standing can have an increased impact on negative outcome.

Arata (2000) found that individuals who were repeatedly victimized over the course of their lives were

more likely to have encountered more physical contact in childhood sexual abuse for a longer duration of time (i.e., years of abuse instead of isolated experiences) and had a closer relationship with the perpetrator. The probability of revictimization also increases with greater physical severity. In addition, these individuals had higher rates of self-blame, Post Traumatic Stress Disorder (PTSD) and consensual sexual activity. Arata (2000) also reported a noted development of unhealthy coping skills to deal with the event. Janowski, Leitenberg, Henning, and Coffey (2002) found that women who have experienced physical abuse alongside sexual abuse in childhood were more likely to be victims of sexual assault in adulthood. While the existence of revictimization has been thoroughly documented, the answer to the question "Why does revictimization occur?" is still being pieced together. There is evidence in the literature that parental attachment may buffer the effects of child abuse. By looking at attachment and other potential consequences of child abuse, such as self-esteem, we may be able to identify precursors that may place individuals at higher risk for revictimization in adulthood.

Sexual Abuse

Sexual abuse is the most widely studied form of child abuse in the literature. The outcomes for individuals who have survived child sexual abuse tend to be long standing and more severe in nature (Banyard, Williams, & Siegel, 2001). Maker, Kemmelmeier, and Peterson (2001) defined childhood sexual abuse as unwanted and nonconsensual sexual behaviors occurring before age 16 with a predator that is at least 5 years older. Maker et al., (2001) found that in their sample, 46% of the respondents reported having experienced unwanted sexual behavior before the age of 16. Furthermore, 58% of those women reported being revictimized by means of nonconsensual sexual acts after the age of 16. This group was linked to increased antisocial behaviors, greater number of chemically dependent partners, and relationship violence. Assault in adulthood and greater sexual dysfunction was also reported from the women who had experienced child sexual abuse (Maker et al., 2001). In addition to behavioral problems following abuse, psychological symptoms were also found to be prevalent for survivors.

Banyard et al. (2001) found that exposure to sexual abuse repeatedly throughout life is associated with greater levels of mental health symptoms. In a study

conducted by Freshwater, Leach, and Aldridge (2001), survivors of sexual abuse reported higher levels of guilt, depression, low self-esteem, and higher self-ideal self-discrepancies than participants who had not experienced child sexual abuse. Additionally, Freshwater et al. (2001) found that revictimized survivors associated sex with fear, power, and abuse. Child sexual abuse also creates feelings of betrayal, powerlessness, stigmatization, and sexualization that often negatively impact future relationships for the survivor (Finkelhor & Browne, 1985). Survivors of child sexual abuse are significantly more likely to experience agoraphobia, Obsessive Compulsive Disorder, social phobia, sexual disorders, Post Traumatic Stress Disorder, and suicidal attempts (Springer, Sheridan, Kuo, & Carnes, 2003). The development of maladaptive coping strategies is also common in survivors of child sexual abuse. Coping strategies such as avoidance, numbing, and dissociation can also overlap into other arenas in life (Banyard et al., 2001).

Consequences of Childhood Abuse

As discussed, all three types of abuse have similar emotional outcomes. Some short-term effects of child abuse

are fear, anxiety, depression, and anger. Long term effects, however, appear to be the outcomes that affect survivors the most. Examples of these long-term effects are sexual dysfunction, avoidance of sexual or emotional relationships, self-destructive behaviors, substance abuse, guilt, isolation, low self-esteem and flashbacks (Freshwater, Leach, & Aldridge, 2001). Women who have experienced both childhood physical and sexual abuse in childhood are more likely to report nightmares, back pain, frequent headaches, eating binges, tiredness, sleeping problems, loss of appetite, and irritable bowel syndrome (Springer, Sheridan, Kuo, & Carnes, 2003).

Some suggest that the difference in these short and long term effects lie in the severity and probability of the outcome. For example, Banyard et al. (2001) found that women who had experienced more severe child sexual abuse were at a higher risk of experiencing a variety of traumatic events aside from sexual assault. However, Maker et al. (2001) suggested that even less severe abuse and less frequent abuse (i.e., only having one perpetrator in childhood) may be adequate abuse experience to place an individual at greater risk for experiencing adult assault. The research by Maker et al. (2001) indicates that there may be a pattern in what places one individual at greater

risk than another. We assert that by identifying predictors of repeated abuse, the chance of experiencing compound abuse occurring in adulthood will lessen.

Self-Esteem and Childhood Sexual Abuse

The literature clearly states that child abuse is associated with low self-esteem in adulthood (see for example Braver, Bomberry, Green, & Rawson, 1992; Stein, Leslie, & Nyamathi, 2002). However, the presence of higher self-esteem for child abuse survivors can aid in the prevention of symptoms and support healthier outcomes. For example, Hyman, Gold, and Cott (2003) found that higher self-esteem aided PTSD prevention and contributed to healthier adjustment in childhood sexual abuse survivors. Additionally, victims who received positive support after reporting abuse had higher self esteem (Hyman et al., 2003). Finally, Stein et al. (2002) reported that greater self-esteem predicted lower levels of depression and fewer problems with substance abuse.

When looking at predictors of revictimization it is important to take into consideration what cues perpetrators may look for. The eroding effect on self-esteem and feelings of shame from abuse can lead to a dependency on social groups for a sense of worth. This

dependency may single out formerly abused women to perpetrators (Krahe, 2000). Irwin (1999) found that severe childhood trauma affects the person's self-concept, which may cause a vulnerability that is seen by the perpetrator. It was also found that the victims may develop personality traits such as passiveness, submission, and weakness that will also signal a perpetrator.

However, proper utilizations of support can be mental health promoting. For example, Hyman et al. (2003) found that parental support of a sexual abuse victim facilitated higher self-esteem and enhanced outcomes. Among childhood sexual abuse survivors, those who felt supported by their parents had less intense behavioral difficulties and a more positive self-worth (Hyman et al., 2003). Hyman et al. (2003) also found that parental support is related to lower levels of depression and higher self-esteem. This research indicates that parental support has an important impact on the development and outcome of child abuse survivors and is worthy of future investigation. One approach that research employs to conceptualize parental support is by means of parental attachment.

Attachment and Parental Caring

Throughout the literature there are several ways in which researchers have described attachment and parental caring. Gullone and Robinson (2005) describe attachment as a special type of relationship that involves an affective bond between infant and caregiver. Bigner (1998) described attachment as a "strong affectional tie" between a child and his or her caregiver. Bowlby (1980) defined parental caring as protecting the individual and keeping a watchful eye, and parental support as a reflection of attachment bonds (Bowlby, 1973). However one chooses to illustrate attachment, it is widely understood as an essential facet of development for our survival and emotional health (Bigner, 1998). Attachment develops through daily interactions over time between child and parent. These interactions provide the necessary social skills to perform effectively in the world (Johnson, Ketring, & Abshire, 2003). Children who have a secure attachment display a desire to be close to caregivers and typically utilize behaviors that attract a caregiver to the child, such as smiling, clutching, and crying. In order to develop a basic trust in people and feeling secure in our surroundings, secure attachment is necessary (Bigner, 1998).

Through attachment, children develop internal working models (Johnson, Ketring, & Abshire, 2003). Johnson et al. (2003) describe internal working models as "mental organizations and representations of early relationships" (p. 334). Internal working models serve as exemplars of current and future relationships and guide how we interact with one another (Johnson, Ketring, & Abshire, 2003). These cognitive working models include a sense of self, world, and others (Barret & Holmes, 2001). Johnson et al. further suggest that beyond parental behavior, the experience of substance abuse, rape, domestic violence, and/or sexual abuse tend to create negative long-term effects on internal working models. Positive support and comfort from caregivers provides a sense that the self is worthy of love and support and leads one to view others as trustworthy and dependable. When children have negative experiences with caregivers, such as rejection and inconsistency, they are more likely to feel unworthy of love and view others as threatening and unreliable (Barret & Holmes, 2001).

Sroufe (2003) discusses the importance of early attachment. Bowlby's theory of attachment emphasized that these early experiences play a fundamental role in shaping our character. Over time, these experiences develop into a

set of "attitudes, expectations, and strategies for living in the world" (Sroufe, 2003, p. 409).

When abused as a child it would be likely that these attitudes and expectations would be either distorted or set in short supply. Wekerle and Wolfe (1998) found that an insecure attachment was a significant predictor for experiencing victimization. Janowski, Lietenburg, Henning, and Coffey (2002) found that higher perceived caring was associated with lower incidents of sexual assault after the age of 16. Janowski et al. (2002) also found that perceived paternal caring was associated with being less likely to be revictimized. This research suggested that a more secure attachment to father figures provides a positive prototype of male behavior and equips women with effective assessment of abusive situations. Furthermore, it could be argued that other forms of positive parental attachments (i.e. having a better attachment to a mother) could similarly lead to positive outcomes for abuse survivors.

It's important to mention that attachments to parental figures may depend on if the abuse was extra-familial or intrafamilial. It could be argued that the family environment may impact the outcome of the child abuse survivors. Family environment and parental caring

are both significant elements in the life of abused children (Janowski et al., 2002). In a study by Gold, Hyman, and Andres-Hyman (2004) the contextual theory was examined.

The contextual theory proposes that individuals who experience abuse, whether the abuse was intra-familial or extra-familial, have similar marked family of origin dysfunction (Gold et al., 2004). These findings suggest that the dysfunction in the family environment aids in the development of varied psychopathologies that are frequent in this population.

Gold et al. (2004) found that the family of origin environments of adult child sexual abuse survivors, regardless of whether the perpetrator intra-familial, extra-familial, or both were distinctly similar. Though the family dysfunction was slightly lower for those participants who had experienced extra-familial abuse, the dysfunction within their families was still markedly greater than a normative group. Gold (2000) suggested that this dysfunction in families is associated with higher levels of parental neglect and unmet attachment needs that leave children vulnerable to abuse. These findings suggest that the family dysfunction and parental caring may play a more significant role in the abused child's healing

process then the relationship and/or closeness to the perpetrator.

Janowski et al. (2002) suggest that a warm and caring attitude from a parent can work against negative consequences that often are derived from child abuse, such as self-image and self-efficacy. Along these lines, Dekovic and Meeus (1997) found that self-esteem was linked to supportive parenting. Furthermore, Parker and Benson (2004) found that the better the parental support, the higher the self-esteem leading to increased autonomy in adulthood. Together, these findings suggest that parental caring and attachment are related to the level of self-esteem, which is inversely related to probability of revictimization. Though the effects of child abuse alone can contribute to being revictimized in adolescence or adulthood, when the literature reports child abuse compounded with poor parental support there is an increased likelihood of adult maladjustment. Additionally, ineffective family environments may leave survivors vulnerable to maltreatment in adulthood (Gold et al., 2004). Reducing these outcomes would potentially make one less likely to be assaulted in adolescence and adulthood as well as increase a victim's chances of developing into a well adjusted adult (Janowski et al., 2002).

Summary

The literature on child abuse is an endless labyrinth of information regarding the details of child abuse. There have been several theories developed to explain the reasons for the occurrence of child abuse as well as the aftermath that it can leave. Child sexual abuse is by far the most frequently researched type of child abuse. Presumably, more research attention is allotted because of the severe and long-standing effects of sexual abuse on individual's lives. Due to the extensive support in the literature supporting the notion of revictimization as a result of child sexual abuse, this study will solely focus on the data from participants that report experiencing child sexual abuse.

First, it was hypothesized that those who have experienced childhood sexual abuse will have a significantly greater likelihood of experiencing adult partner abuse than those who were not abused as a child. In this study, adult partner abuse was conceptualized as partner sexual assault, partner physical abuse, and adult psychological aggression.

Secondly, it was hypothesized that the intensity of the perception of child sexual abuse will be associated with adult partner abuse. The next step in this project is

to investigate why revictimization occurs. This study examined the roles that parental attachment and self-esteem play in revictimization.

It is important to comprehend the effects of different variables in the lives of child abuse survivors in order to begin to develop preventive interventions for these individuals. The field of attachment has developed a sound foundation for evidence of parental attachment predicting child outcome. However, there has been very little focus on what role parental attachment plays in the outcome of survivors of child abuse. Additionally, self-esteem is related to both parental attachment and revictimization. Therefore, the third hypothesis is that parental attachment, mediated by self-esteem, will predict revictimization in childhood abuse survivors.

CHAPTER TWO

METHODS

Design

In this study, a correlation-regression approach was adopted to test the proposed hypotheses. The predictor variables are the severity of child abuse and the quality of the attachment. Attachment is defined as "the degree of mutual trust, the degree of communication, and the extent of anger and alienation." The criterion variable is likelihood of revictimization. This variable is defined as "the degree of exposure to sexual assault or domestic violence." The mediating variable is self-esteem defined as "the participant's global self esteem." The four variables: severity of child abuse, quality of attachment, self-esteem, and likelihood of revictimization was be measured by the Childhood Trauma Questionnaire (CTQ), the Inventory of Parent and Peer Attachment (IPPA) questionnaire, the Self-Esteem Inventory (SEI), and the Conflict Tactics Scale-2 (CTS-2). All these variables are quantitative and continuous.

Participants

The participants for the present study have been selected from an archival data set that includes

California State University, San Bernardino female students, a clinical sample from a Rape Crisis Center in the Coachella Valley, as well as women from various communities across Southern California. The ages of the participants ranged from 18 to 54 with a mean age of 27. The mean income within the sample was between $25,000 a year to $34,999 a year.

This study was comprised of two groups: women who have experienced child abuse, and women who have not experienced child abuse. Approximately 150 participants were selected for this study. Extra credit was offered as an incentive for participating in the original study. Participants were recruited through fliers placed on billboards around campus and various sites around the community. All participants were naïve to the experimental design and treated in accordance with the "Ethical Principals of Psychologists and Code of Conduct."

Materials

In this study the following materials were used: Two informed consent forms (one for CSUSB student participants and one for non-CSUSB participants, see Appendix A), one demographic sheet (See Appendix B), the Childhood Trauma Questionnaire (CTQ, see Appendix C), the Inventory of

Parental and Peer Attachment (IPPA, see Appendix D), The Self-Esteem Inventory (see Appendix E), the Conflict Tactics Scale (see Appendix F) and a debriefing statement (see Appendix G).

The informed consent form (see Appendix A) included the following information: identification of the researcher, explanation of the nature and purpose of the study and research method, expected duration of research participant, description of how confidentiality and anonymity were be maintained, participants rights to withdraw from study at any time without penalty, voluntary nature of their participation, and who to contact in regards to subjects' rights or injuries. The demographic sheet (see Appendix B) asks the following information: age, gender, marital status, ethnicity, highest level of education completed, and yearly gross income.

Childhood Trauma Questionnaire

The Childhood Trauma Questionnaire (CTQ) (Bernstein et al., 1994) was used to measure sexual abuse. The CTQ is a 25 item self report method designed to provide brief, strong, reliable and valid assessments of a range of childhood traumatic experiences. The four factors the CTQ evaluates are emotional neglect, physical/emotional abuse, sexual abuse, and physical neglect. Possible responses to

each item range from 1 (never true) to 4 (very often true) (Irwin, 1999). Example questions for neglect are "I didn't have enough to eat" and "I had to wear dirty clothes." Example questions of abuse are "I believe I was physically abused"; "Someone molested me"; or "People in my family said hurtful or insulting things to me." This scale has good internal consistency alpha = .93.

The Inventory of Parent and Peer Attachment

The Inventory of Parent and Peer Attachment (IPPA) (Armsden & Greenberg, 1987) is a self-report measure that provides separate assessments of the quality of parent and peer attachment. The portion of the IPPA that focuses on parental attachment was used for this study. The IPPA assessed how well these figures provide a source of psychological and emotional security. This instrument comprises two continuous scales that are scored independently: the Mother scale and the Father scale, which are both 25 items each. Each relationship is rated along the dimension of trust, communication, and alienation. Each item is scored on 5-point likert scale ranging from 1 (almost never or never true) to 5 (almost always or always true). Examples of parent attachment are "My mother trusts my judgment" and "I can count on my father when I need to get something off my chest".

Three-week test-retest reliabilities were .93 for parental attachment. Armsden and Greenberg (1987) reported and internal consistencies ranging from .86 to .91.

The Self Esteem Inventory

The Self Esteem Inventory (SEI) (Rosenberg, 1965) is a 10 item self report questionnaire that is intended to measure global self esteem. The scoring is based off a 5-point likert scale where the responses range from 1 (strongly disagree), 3 (Neither), and 5 (Strongly agree). Example questions are "I take a positive attitude towards myself" and "At times I think I am no good at all". The higher the score represents the higher the self-esteem. This scale has adequate internal consistency alpha = .77.

The Conflict Tactics Scale-2

The Conflict Tactics Scale-2 (CTS2) (Gelles & Straus, 1996) measures the level of exposure (as both possible victim and perpetrator) to domestic violence. This allowed us to determine if and how the participant has been revictimized. The CTS2 is a 78-item likert scale. Each item is scored on an 8-point scale from 0 (this has never happened to me) to 7 (more than 20 times in the past year).

In the debriefing statement (see Appendix F), participants are informed of the major research questions

addressed in the study, who they can contact if they experience distress due to the study, and who they can contact if they want to discuss the results of the study. The participants are also requested not to discuss the details of the study with other potential participants. Additionally, due to the sensitive nature of the questions being asked, a referral sheet to crisis centers in the surrounding communities is attached to the debriefing statement.

Procedures

The participants for the present study are comprised of participants recruited from California State University, San Bernardino, a clinical sample from a Rape Crisis Center in the Coachella Valley, as well as from various communities across Southern California. Participants were contacted through fliers and sign up sheets that informed them of the date, time, and location for them to fill out the questionnaire. Participants were informed about the general nature of the study. The participants were asked to complete a demographic sheet, the Childhood Trauma Questionnaire (CTQ), the Inventory of Parental and Peer Attachment (IPPA) concerning their primary caregiver(s), the Self-Esteem Inventory (SEI), and

the Conflict Tactics Scale 2 (CTS-2). The four scales were arranged in four counterbalanced orders (1. CTQ-IPPA-SEI-CTS2, 2. IPPA-CTS2-CTQ-SEI, 3. SEI-IPPA-CTQ-CTS2, and 4. CTS2-SEI-IPPA-CTQ) with the demographic sheet in the beginning. Prior to starting the packet each participant read the informed consent form, mark an X, and date it to indicate their willingness. There were at least two team research assistants in the room during administration in case of any questions or concerns relating to the survey or the subject matter. Once the participant has completed the packet they were taken privately out of the room and personally debriefed. Participants were debriefed about the major research questions addressed in the study, and informed as to whom they can contact if they experience distress due to the study, and whom they can contact if they want to discuss the results of the study. The debriefing packet included several referrals to local agencies and rape crisis centers in the surrounding communities.

Analyses

T-tests were planned to assess whether the sexually abused and nonabused samples differed significantly on the adult partner violence indices. Additionally, Pearson

product-moment correlation coefficients were conducted between the intensity of the perception of child sexual abuse severity self-esteem, maternal and paternal trust and communication and adult intimate partner physical, sexual and psychological assault.

Finally, regression analyses were planned utilizing a model that would run the appropriate regressions to assess quality of parental attachment predicting revictimization and also being partially mediated by self-esteem. The Sobel test (as outlined by Baron & Kenny, 1986) was used to test this potential mediating effect. A significance level of $p = .05$ was used to conclude statistical significance for the results.

CHAPTER THREE

RESULTS

In order to assess any differences between abuse conditions, mean scores were obtained for participants who reported childhood abuse and participants who did not report childhood abuse. These mean scores follow in Table 1. The only variables that were not significantly different were paternal communication ($t = 1.34$, $df = 290.59$, $p > .01$) and physical assault in a partner relationship ($t = -1.87$, $df = 266.33$, $p > .01$). There were significant differences for mean score for the following variables; childhood sexual abuse ($t = -15.69$, $df = 152.87$, $p < .01$), self esteem ($t = 2.79$, $df = 203.88$, $p < .01$), maternal trust ($t = 3.50$, $df = 282.44$, $p < .01$), paternal trust ($t = 3.41$, $df = 266.05$, $p < .01$), maternal communication ($t = 2.46$, $df = 324.76$, $p < .01$), sexual assault in a partner relationship ($t = -2.22$, $df = 280.37$, $p < .01$), and psychological aggression in a partner relationship ($t = -2.73$, $df = 283.09$, $p < .01$).

It had been hypothesized that the mean scores of adult partner abuse would significantly differ based on abuse condition. This hypothesis was supported in two cases: sexual assault in a partner relationship

($t = -2.22$, $df = 280$, $p < .01$), and psychological aggression in a partner relationship ($t = -2.73$, $df = 283$, $p < .01$). These two cases supported the first hypothesis that those abused in childhood were significantly more likely to be assaulted in a couple relationship than those who were not abused in childhood. As previously noted, the third form of intimate partner violence, physical assault, yielded no significant difference between the two groups (abuse $t = 4.68$, no abuse $t = 2.97$).

Pearson product-moment correlations were conducted for all variables of interest for participants who reported experiencing childhood sexual abuse (see Table 2 for complete correlation matrix). The second hypothesis of this study was that attachment would be associated with partner abuse in adulthood for the abused sample. The results largely did not support this hypothesis except in one instance. All maternal attachment scores were unrelated to adult partner assault. Furthermore, paternal trust scores were also unrelated to partner assault ($r = .02$, $p < .05$.) However, paternal communication was negatively correlated with adult physical abuse ($r = -.19$, $p < .05$). This suggests that those women who reported a greater degree of communication in their relationship with

their father were less likely to be in a physically abusive relationship in adulthood.

The third hypothesis of this study was that self-esteem would be associated with attachment and partner abuse. The results supported this hypothesis. The correlations follow in the correlation matrix in Table 2. Attachment scores for paternal and maternal were all positively correlated to self-esteem: maternal trust ($r = .25$, $p < .01$), maternal communication ($r = .22$, $p < .05$), paternal communication ($r = .30$, $p < .01$), and paternal trust ($r = .31$, $p < .01$). Partner abuse was negatively correlated with self-esteem; partner sexual assault ($r = -.24$, $p < .05$), partner physical assault ($r = -.27$, $p < .01$), and partner psychological aggression ($r = -.34$, $p < .01$).

Table 1. Variable Mean Scores by Abuse Condition

	Mean Score (SD)	
	Abuse	No Abuse
Childhood Sexual Abuse	12.15* (5.68)	4.93* (.38)
Self-esteem	38.00* (7.41)	40.45* (6.82)
Maternal Trust	31.93* (9.75)	35.29* (8.33)
Paternal Trust	28.55* (10.86)	32.32* 9.55
Paternal Communication	23.04 (9.02)	24.31 (8.85)
Maternal Communication	26.64* (8.76)	28.91* (8.98)
Partner Sexual Assault	3.74* (5.39)	2.58* (4.53)
Partner Physical Assault	4.68 (9.57)	2.97 (7.53)
Partner Psychological Aggression	11.35* (9.94)	8.70* (8.45)

Significant at the .05 level (2 tailed)

Table 2. Pearson Product-Moment Correlations between Abuse variables, Self-Esteem, and Attachment Variables (Maternal and Paternal Trust and Communication)

	Childhood Sexual Abuse	Self-esteem	Maternal Trust	Paternal Trust	Paternal Comm.	Maternal Comm.	Partner Sexual Assault	Partner Physical Assault	Partner Psych. Aggression
Childhood Sexual Abuse	1	.04	-.24**	-.16*	-.27**	-.21*	-.02	.06	.01
Self-esteem		1	.25*	.22*	.30**	.32**	-.24*	-.27**	-.34**
Maternal Trust			1	.85**	.33**	.22**	.03	.02	-.01
Paternal Trust				1	.32**	.29**	.03	.02	-.02
Paternal Comm.					1	.88**	-.07	-.19*	-.16
Maternal Comm.						1	-.02	-.13	-.07
Partner Sexual Assault							1	.50**	.52**
Partner Physical Assault								1	.57**
Partner Psychological Aggression									1

- * Correlation is Significant at the .05 Level (2 Tailed)
- ** Correlation is Significant at the .01 Level (2 Tailed)

Paternal communication, self-esteem, and partner physical abuse were the only variables that fit the proposed regression model criteria that all variables significantly predict subsequent variables to warrant mediation investigation. More specifically, in this particular case, the independent variable (paternal trust) predicted the mediating variable (self-esteem), the criterion variable (partner physical assault) predicted

the independent variable (paternal trust), and the mediating variable (self-esteem) predicted the criterion variable (partner physical assault). In order to test the mediational relationship of self-esteem on attachment and revictimization, hierarchical regression analyses were performed in accordance with the Baron and Kenny (1986) approach. This procedure suggested that self-esteem did not partially mediate the relationship between parental attachment (paternal trust) and adult partner abuse (partner physical abuse). Therefore, the results did not support this final hypothesis.

CHAPTER FOUR

DISCUSSION

The first hypotheses was that there would be a higher degree of adult partner assault for women who reported abused as a child compared to women who did not report abuse. Our results suggested that there were significant differences between the samples with regard to sexual and psychological assault.

However, when exploring this phenomenon in women who were sexually abused, it had been predicted that the degree of intensity of child sexual abuse would be associated with adult partner assault. This hypothesis was not supported by the results. There were not significant correlations between intensity of sexual abuse and experiencing adult partner assault for the women in our sample who had experienced childhood sexual abuse.

In review, it has previously been found that women who report childhood sexual abuse are linked to greater numbers of chemically dependent partners and relationship violence (Maker et al., 2001). It has been argued that childhood sexual abuse tends to be more severe in nature creating greater dysfunction later in life (Banyard et

al., 2001; Maker et al., 2001). Our finding runs counter to this body of work.

One reason for this unexpected lack of significance may be due to the measure employed to assess adult assault. Participants were directed to think of a relationship in which they had been involved in the previous twelve months. Though this direction potentially limited errors in memory (i.e. reporting on a relationship that ended five years ago), this might not have sufficiently gathered a comprehensive picture of revictimization throughout the participants' lives.

Another potential explanation for this finding may be due to the severe nature of sexual abuse and mental health interventions. Though research has consistently supported the unfortunate outcome of revictimization with child sexual abuse survivors (Maker et al., 2001; Finkelhor & Browne, 1985), it could be argued that given that sexual abuse is associated with so many symptoms with such great severity that sexual abuse survivors are more likely to receive or seek out early treatment and intervention. Furthermore, the sample is largely comprised of college students who tend to be a higher functioning group. It is possible that women in this study received mental health

assistance and have not suffered from high degrees of partner abuse.

It was also hypothesized that parental attachment would be negatively associated with revictimization of survivors of child sexual abuse. This hypothesis was largely not supported by the results. Paternal attachment as assessed by the Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987) was only associated with revictimization when paternal communication was assessed. Specifically, paternal communication was negatively associated with physical assault in a partner relationship. Therefore, those who reported higher levels of communication in their relationship with their father were less likely to be in a physically abusive relationship in adulthood.

This finding is consistent with Janowski et al. (2002) who indicated that secure attachments with father figures might provide beneficial foundations for identifying unhealthy relationships in adulthood. Paternal communication was not found to be significantly associated with revictimization. Additionally, maternal attachment, as considered by the IPPA (Armsden & Greenberg, 1987), did not support the hypothesis of paternal attachment being associated with revictimization.

I anticipated that child abuse survivors who reported a good attachment to either or both parents would be less likely to be in an abusive relationship. Our findings did not support this hypothesis. The lack of findings are surprising due to the support found in the literature that suggested that an insecure attachment was a good predictor for experiencing victimization (Wekerle & Wolfe, 1998; Janowski et al., 2002). There are several possible explanations for our findings.

It could be argued that attachment to a parental figure and the outcome of the child abuse survivor may be altered depending on whether the abuse was intra-familial or extra-familial. In order to address this concern additional analyses were conducted. We discovered there were no significant differences in parental attachment when examining whether the perpetrator was intra-familial or extra-familial. This finding suggests that in our sample parental attachment does not appear to be a function of the relation to the perpetrator. Ultimately, it could be argued that parental attachment may play a more important role in revictimization.

Research conducted by Gold et al. (2004) suggested that the family dysfunction and parental attachment were potentially more significant when discussing outcomes of

survivors than the role of the relationship to the perpetrator. Our findings may also be a result of low sample size. Future data collection will permit a larger sample to be examined for specific relationships.

The literature has clearly drawn a link between levels of self-esteem and experiencing abuse (Freshwater et al., 2001; Ryan, Kilmer, Cauce, & Watanbe, 2000; Mullen et al., 1996; Hyman et al., 2003). Additional associations have also been made between attachment and self-esteem (Hyman et al., 2003). However, little research has been conducted that explores attachment and self-esteem in an abused sample. It was hypothesized that self-esteem would be correlated to childhood sexual abuse, parental attachment, and partner abuse. The results supported this hypothesis.

This relationship may be consistent with research conducted by Janowski et al. (2002), which suggested that perceived parental caring from a father figure might provide a positive model for relationships with men. If this is the case then it could be argued that the women in this study were not involved in highly abusive relationships in adulthood because their relationships with their fathers equipped them with positive foundations for relationships with males.

These results permitted consideration of a mediational effect on attachment and revictimization as outlined by Baron and Kenny (1986) in the case of paternal trust partially mediated by self-esteem as a predictor of partner physical abuse. However, the results did not support the hypothesis that self-esteem would partially mediate the relationship between parental attachment and adult partner abuse.

These results may potentially be explained by examining the measurement of self-esteem. The measure utilized for this study, the Self-Esteem Inventory (Rosenberg, 1965), assessed global self-esteem. One probable argument is that people's self-esteem may differ in various situations. Specifically, women who have suffered child abuse may have a different degree of self-esteem in a relationship then in other aspects of their lives. Global self-esteem is a person's overall self-esteem in life. It might be more effective to use a measure that addresses self-esteem in specific situations. For instance, when examining an abused sample and revictimization, questions pertaining to the participants' self-esteem within the context of a relationship may offer a clearer picture of self-esteem within that context.

Additional explanation for the lack of mediational effect may be due to the likely event that self-esteem mediates attachment and revictimization. Although self-esteem had a direct effect for both variables, the results did not find the desired mediational effect. Aside from the possibility that the measure for self-esteem may not be adequate, it is completely possible that self-esteem has a purely direct effect with both variables. Perhaps the way that self-esteem is related to attachment and revictimization independent of each other effects the individual differently. Therefore, this mixed interaction would limit the mediational effects of self-esteem on attachment and revictimization.

Limitations of the Study

Perhaps, one noteworthy limitation to this study is that the majority of the participants were college students. In general, attending a university and accomplishing educational goals may denote a sense of higher emotional functioning. Higher functioning individuals may suffer from symptoms that are less severe and potentially not as longstanding as perhaps a lower functioning individual, more specifically, poor self-esteem, partner violence, guilt, depression, and

sexualization that are often reported in the literature about child abuse survivors. Therefore, the ability to generalize to all survivors of childhood sexual abuse may not be adequate.

Another limitation to this study is the memory recall regarding parental attachments that the participants were asked to perform. It may be the case that participants' attachment to their parents was different during childhood than their reflections on this issue in adulthood. Additionally, it may possibly be the case that a child who is being sexually abused has a different attachment to their parents than an adult who is no longer suffering that abuse. In either case, the self-report information may be based on participants' current relationship with their parents.

Future Directions

It would be valuable for future research to focus on the parental attachment and the relationship to the perpetrator. Even though this study conducted some post-hoc analyses to examine whether parental attachment was different for those whose perpetrators were within the family or outside the family, the sample may not have been large enough to yield an accurate finding. It is very

possible that if, for example, a child was abused by their father that their attachment to the father may be affected in ways that are not yet evident. While our research did not support this, additional research with larger sample sizes would be a valuable addition to the literature.

One possible explanation for the relative lack of findings may be due to the sample being largely comprised of college students. These women may be higher functioning and may be more likely to have received some sort of intervention. In order to address issues of level of potential functioning of the sample it would be beneficial to include more specific questions of the interventions that the women have received in the past. For example, the demographic sheet should include questions regarding any past or present outpatient or inpatient treatment.

Furthermore, longitudinal work in this field would also be a constructive addition to the research. It would be valuable to follow the attachment styles of sexually abused women as they progressed from childhood to adolescence and into adulthood. These findings would resolve any uncertainty researchers had regarding if attachment differed for abused women from childhood to adulthood.

Additionally, future research should include community and clinical samples. The rate of revictimization may vary depending on where the sample is collected. In order to address issues of generalizing to the population it is necessary to obtain a more eclectic sample of abused women. Community and clinical samples would provide a more comprehensive approach to addressing the hypotheses.

As previously stated revictimization is established as a prevalent issue for survivors of child abuse. What we do not know as researchers is why this occurs. The objective is to identify the variables that are associated with revictimization. Once variables are identified as significant predictors of revictimization then progress towards effective prevention programs can be created. In this study we attempted to address variables that may aid in predicting revictimization. For instance, if level of insecure parental attachment is a significant predictor prevention programs can be created geared toward the parent-child relationship, given that the parent is not the abuser. These steps of research lead us closer to constructing programs that will facilitate child abuse survivors towards having a healthier adult life.

APPENDIX A

INFORMED CONSENT

Trauma and Resiliency in Women's Lives

Informed Consent Form

The following study is designed to measure potentially traumatic experiences in childhood and adulthood as well as factors that may facilitate resiliency in women. This study is being conducted by Laura Luna, Kimberly Glass, Sandra Mattarollo, Cassandra Garkow, Catalina Zavala, & Mariela Medrano under the supervision of Dr. David Chavez, Associate Professor of Psychology at the California State University, San Bernardino (CSUSB). This study has been reviewed and approved by the Institutional Review Board of CSUSB. The University requires that you give your consent before participating in this study.

In this study you will be asked to complete a packet of questionnaires designed to measure traumatic experiences, resiliency, and mental health. The packet should take approximately 45 min. to 1 hour to complete. All of your responses will be anonymous. At no time will your name be requested or recorded during your participation. Presentation of the results will be reported in group format only. Upon completion of this study (July, 2006), you may receive a report of the group results.

Your participation in the study is entirely voluntary. You are free to withdraw your participation at any time during the study without penalty or remove any data at any time. No services currently being provided to you will be affected if you choose not to participate. When you complete the packet of questionnaires, you will receive a debriefing statement describing the study in more detail and, if you are a CSUSB student, at your instructor's discretion, you may receive a slip for five units of extra credit.

If you have any questions concerning this study or your participation in this research, please feel free to contact Dr. David Chavez at (909) 537-5572.

I acknowledge that I have been informed of, and understand the nature and purpose of the study, and I freely consent to participate. I acknowledge that I am at least 18 years of age

_____ _____

Place an "X" above indicating your agreement

Date

APPENDIX B

SURVEY

CTS2

Instructions: Answer the following questions only if you are currently in a long-term relationship of one year or more. No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle that seems to best fit your experience.

How often did this happen?

0 = This has never happened
1 = Not in the past year, but it did happen before
2 = Once in the past year
3 = Twice in the past year
4 = 3-5 times in the past year
5 = 6-10 times in the past year
6 = 11-20 times in the past year
7 = More than 20 times in the past year

1.	I showed my partner I cared even though we disagreed.	0 1 2 3 4 5 6 7
2.	My partner showed care for me even though we disagreed.	0 1 2 3 4 5 6 7
3.	I explained my side of a disagreement to my partner.	0 1 2 3 4 5 6 7
4.	My partner explained his or her side of a disagreement to me.	0 1 2 3 4 5 6 7
5.	I insulted or swore at my partner.	0 1 2 3 4 5 6 7
6.	My partner did this to me.	0 1 2 3 4 5 6 7
7.	I threw something at my partner that could hurt.	0 1 2 3 4 5 6 7
8.	My partner did this to me.	0 1 2 3 4 5 6 7
9.	I twisted my partner's arm or hair.	0 1 2 3 4 5 6 7
10.	My partner did this to me.	0 1 2 3 4 5 6 7
11.	I had a sprain, bruise, or small cut because of a fight with my partner.	0 1 2 3 4 5 6 7
12.	My partner had a sprain, bruise or small cut because of a fight with me.	
13.	I showed respect for my partner's feelings about an issue.	0 1 2 3 4 5 6 7

How often did this happen?

0 = This has never happened
1 = Not in the past year, but it did happen before
2 = Once in the past year
3 = Twice in the past year
4 = 3-5 times in the past year
5 = 6-10 times in the past year
6 = 11-20 times in the past year
7 = More than 20 times in the past year

14.	My partner showed respect for my feelings about an issue.	0 1 2 3 4 5 6 7
15.	I made my partner have sex without a condom.	0 1 2 3 4 5 6 7
16.	My partner did this to me.	0 1 2 3 4 5 6 7
17.	I pushed or shoved my partner.	0 1 2 3 4 5 6 7
18.	My partner did this to me.	0 1 2 3 4 5 6 7
19.	I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex with me.	0 1 2 3 4 5 6 7
20.	My partner did this to me.	0 1 2 3 4 5 6 7
21.	I used a knife or gun on my partner.	0 1 2 3 4 5 6 7
22.	My partner did this to me.	0 1 2 3 4 5 6 7
23.	I passed out from being hit on the head by my partner in a fight.	0 1 2 3 4 5 6 7
24.	My partner passed out from being hit on the head in a fight with me.	0 1 2 3 4 5 6 7
25.	I called my partner fat or ugly.	0 1 2 3 4 5 6 7
26.	My partner called me fat or ugly.	0 1 2 3 4 5 6 7
27.	I punched or hit my partner with something that could hurt.	0 1 2 3 4 5 6 7
28.	My partner did this to me.	0 1 2 3 4 5 6 7
29.	I destroyed something belonging to my partner.	0 1 2 3 4 5 6 7
30.	My partner did this to me.	0 1 2 3 4 5 6 7
31.	I went to a doctor because of a fight with my partner.	0 1 2 3 4 5 6 7
32.	My partner went to a doctor because of a fight with me.	0 1 2 3 4 5 6 7
33.	I choked my partner.	0 1 2 3 4 5 6 7
34.	My partner did this to me.	0 1 2 3 4 5 6 7
35.	I shouted or yelled at my partner.	0 1 2 3 4 5 6 7
36.	My partner did this to me.	0 1 2 3 4 5 6 7
37.	I slammed my partner against a wall.	0 1 2 3 4 5 6 7
38.	My partner did this to me.	0 1 2 3 4 5 6 7

How often did this happen?

0 = This has never happened
1 = Not in the past year, but it did happen before
2 = Once in the past year
3 = Twice in the past year
4 = 3-5 times in the past year
5 = 6-10 times in the past year
6 = 11-20 times in the past year
7 = More than 20 times in the past year

39.	I said I was sure we could work out a problem.	0 1 2 3 4 5 6 7
40.	My partner was sure we could work out a problem.	0 1 2 3 4 5 6 7
41.	I needed to see a doctor because of a fight with my partner, but I didn't.	0 1 2 3 4 5 6 7
42.	My partner needed to see a doctor because of a fight with me, but didn't.	0 1 2 3 4 5 6 7
43.	I beat up my partner.	0 1 2 3 4 5 6 7
44.	My partner did this to me.	0 1 2 3 4 5 6 7
45.	I grabbed my partner	0 1 2 3 4 5 6 7
46.	My partner did this to me.	0 1 2 3 4 5 6 7
47.	I used force (like hitting, holding down, or using a weapon) to make my partner have sex.	0 1 2 3 4 5 6 7
48.	My partner did this to me.	0 1 2 3 4 5 6 7
49.	I stomped out of the room or house or yard during a disagreement.	0 1 2 3 4 5 6 7
50.	My partner did this to me.	0 1 2 3 4 5 6 7
51.	I insisted on sex when my partner did not want to (but did not use physical force).	0 1 2 3 4 5 6 7
52.	My partner did this to me.	0 1 2 3 4 5 6 7
53.	I slapped my partner.	0 1 2 3 4 5 6 7
54.	My partner did this to me.	0 1 2 3 4 5 6 7
55.	I had a broken bone from a fight with my partner.	0 1 2 3 4 5 6 7
56.	My partner had a broken bone from a fight with me.	0 1 2 3 4 5 6 7
57.	I used threats to make my partner have oral or anal sex.	0 1 2 3 4 5 6 7
58.	My partner did this to me.	0 1 2 3 4 5 6 7
59.	I suggested a compromise to a disagreement.	0 1 2 3 4 5 6 7
60.	My partner did this to me.	0 1 2 3 4 5 6 7

How often did this happen?

0 = This has never happened
1 = Not in the past year, but it did happen before
2 = Once in the past year
3 = Twice in the past year
4 = 3-5 times in the past year
5 = 6-10 times in the past year
6 = 11-20 times in the past year
7 = More than 20 times in the past year

61. I burned or scalded my partner on purpose.	0	1	2	3	4	5	6	7
62. My partner did this to me.	0	1	2	3	4	5	6	7
63. I insisted my partner have oral or anal sex (but did not use physical force.)	0	1	2	3	4	5	6	7
64. My partner did this to me.	0	1	2	3	4	5	6	7
65. I accused my partner of being a lousy lover.	0	1	2	3	4	5	6	7
66. My partner accused me of this.	0	1	2	3	4	5	6	7
67. I did something to spite my partner.	0	1	2	3	4	5	6	7
68. My partner did this to me.	0	1	2	3	4	5	6	7
69. I threatened to hit or throw something at my partner.	0	1	2	3	4	5	6	7
70. My partner did this to me.	0	1	2	3	4	5	6	7
71. I felt physical pain that still hurt the next day because of a fight with my partner.	0	1	2	3	4	5	6	7
72. My partner still felt physical pain the next day because of a fight we had.	0	1	2	3	4	5	6	7
73. I kicked my partner.	0	1	2	3	4	5	6	7
74. My partner did this to me.	0	1	2	3	4	5	6	7
75. I used threats to make my partner have sex.	0	1	2	3	4	5	6	7
76. My partner did this to me.	0	1	2	3	4	5	6	7
77. I agreed to try a solution to a disagreement my partner suggested.	0	1	2	3	4	5	6	7
78. My partner agreed to try a solution I suggested.	0	1	2	3	4	5	6	7

SEI

Instructions: The following statements refer to feelings about you. Please indicate how much you agree with each of the following statements. Be as honest as possible. Remember that there are no right or wrong answers to the questions. Please answer every item.

1 = Strongly Disagree
2 = Disagree
3 = Neither Agree nor Disagree
4 = Agree
5 = Strongly Agree

1	On the whole, I am satisfied with myself	1 2 3 4 5
2	At times I think that I am no good at all	1 2 3 4 5
3	I feel that I have a number of good qualities	1 2 3 4 5
4	I am able to do things as well as most other people	1 2 3 4 5
5	I feel I do not have much to be proud of	1 2 3 4 5
6	I certainly feel useless at times	1 2 3 4 5
7	I feel that I am a person of worth, at least on an equal plane with others	1 2 3 4 5
8	I wish I could have more respect for myself	1 2 3 4 5
9	All in all, I am inclined to think that I am a failure	1 2 3 4 5
10	I take a positive attitude toward myself	1 2 3 4 5

CTQ

Instructions: These questions ask about some of your experiences growing up as a child and a teenager. Although these questions are of a personal nature, please try to answer as honestly as you can.

1 = Never True 3 = Sometimes True 5 = Very Often True
2 = Rarely True 4 = Often True

When I was growing up…

1 I didn't have enough to eat. 1 2 3 4 5

2 I knew that there was someone to take care of me and protect me. 1 2 3 4 5

If you answered 2 - 5, please specify who (check all that apply):

____Mother	____Parent's Boyfriend or Girlfriend
____Father	____Ones Own Relationship Partner
____Family member	____Foster Parent/Someone in the Home
____Friend	____Cousin
____Both Parents	____Sibling(s)
____Stepparent	____Babysitter
____School Personnel	____Stranger
____Other: _____	

3 People in your family called you things like, stupid, lazy or ugly. 1 2 3 4 5

If you answered 2 - 5, please specify who (check all that apply):

____Mother	____Parent's Boyfriend or Girlfriend
____Father	____Ones Own Relationship Partner
____Family member	____Foster Parent/Someone in the Home
____Friend	____Cousin
____Both Parents	____Sibling(s)
____Stepparent	____Babysitter
____School Personnel	____Stranger
____Other: _____	

4 My parents were too drunk or too high to take care of the family. 1 2 3 4 5

5 There was someone in my life that helped me feel that I was important or special. 1 2 3 4 5
If you answered 2 - 5, please specify who (check all that apply):

____Mother ____Parent's Boyfriend or Girlfriend
____Father ____Ones Own Relationship Partner
____Family member ____Foster Parent/Someone in the Home
____Friend ____Cousin
____Both Parents ____Sibling(s)
____Stepparent ____Babysitter
____School Personnel ____Stranger
____Other: _____

6 I had to wear dirty clothes. 1 2 3 4 5

7 I felt loved. 1 2 3 4 5

8 I thought that my parents wished I had never been born. 1 2 3 4 5

9 I got hit so hard by someone in my family that I had to see a doctor or go to the hospital. 1 2 3 4 5
If you answered 2 - 5, please specify who (check all that apply):

____Mother ____Parent's Boyfriend or Girlfriend
____Father ____Ones Own Relationship Partner
____Family member ____Foster Parent/Someone in the Home
____Friend ____Cousin
____Both Parents ____Sibling(s)
____Stepparent ____Babysitter
____School Personnel ____Stranger
____Other: _____

10 There was nothing I wanted to change about my family. 1 2 3 4 5

11 People in my family hit me so hard that it left me with bruises or marks. 1 2 3 4 5
If you answered 2 - 5, please specify who (check all that apply):

____Mother ____Parent's Boyfriend or Girlfriend
____Father ____Ones Own Relationship Partner
____Family member ____Foster Parent/Someone in the Home
____Friend ____Cousin
____Both Parents ____Sibling(s)
____Stepparent ____Babysitter
____School Personnel ____Stranger
____Other: _____

12 I was punished with a belt, a board, a cord, or some other hard object. 1 2 3 4 5
If you answered 2 - 5, please specify who (check all that apply):

____Mother ____Parent's Boyfriend or Girlfriend
____Father ____Ones Own Relationship Partner
____Family member ____Foster Parent/Someone in the Home
____Friend ____Cousin
____Both Parents ____Sibling(s)
____Stepparent ____Babysitter
____School Personnel ____Stranger
____Other: _____

13 People in my family looked out for each other. 1 2 3 4 5

14 People in my family said hurtful or insulting things to me. 1 2 3 4 5
If you answered 2 - 5, please specify who (check all that apply):

____Mother ____Parent's Boyfriend or Girlfriend
____Father ____Ones Own Relationship Partner
____Family member ____Foster Parent/Someone in the Home
____Friend ____Cousin
____Both Parents ____Sibling(s)
____Stepparent ____Babysitter
____School Personnel ____Stranger
____Other: _____

I believe I was physically abused.
15 If you answered 2 - 5, please specify who (check all that apply): 1 2 3 4 5

____Mother ____Parent's Boyfriend or Girlfriend
____Father ____Ones Own Relationship Partner
____Family member ____Foster Parent/Someone in the Home
____Friend ____Cousin
____Both Parents ____Sibling(s)
____Stepparent ____Babysitter
____School Personnel ____Stranger
____Other: _____

16 I had the perfect childhood. 1 2 3 4 5

I got hit or beaten so badly that it was
17 noticed by someone like a teacher, neighbor, or doctor. 1 2 3 4 5
If you answered 2 - 5, please specify who hit you (check all that apply):

____Mother ____Parent's Boyfriend or Girlfriend
____Father ____Ones Own Relationship Partner
____Family member ____Foster Parent/Someone in the Home
____Friend ____Cousin
____Both Parents ____Sibling(s)
____Stepparent ____Babysitter
____School Personnel ____Stranger
____Other: _____

18 I felt that someone in my family hated me.
If you answered 2 - 5, please specify who (check all that apply): 1 2 3 4 5

____Mother ____Parent's Boyfriend or Girlfriend
____Father ____Ones Own Relationship Partner
____Family member ____Foster Parent/Someone in the Home
____Friend ____Cousin
____Both Parents ____Sibling(s)
____Stepparent ____Babysitter
____School Personnel ____Stranger
____Other: _____

19 People in my family felt close to each other. 1 2 3 4 5

20 Someone tried to touch me in a sexual way, or tried to make me touch them. 1 2 3 4 5

If you answered 2 - 5, please specify who (check all that apply):

____Mother	____Parent's Boyfriend or Girlfriend
____Father	____Ones Own Relationship Partner
____Family member	____Foster Parent/Someone in the Home
____Friend	____Cousin
____Both Parents	____Sibling(s)
____Stepparent	____Babysitter
____School Personnel	____Stranger
____Other: _____	

21 Someone threatened to hurt me or tell lies about me unless I did something sexual with them. 1 2 3 4 5

If you answered 2 - 5, please specify who (check all that apply):

____Mother	____Parent's Boyfriend or Girlfriend
____Father	____Ones Own Relationship Partner
____Family member	____Foster Parent/Someone in the Home
____Friend	____Cousin
____Both Parents	____Sibling(s)
____Stepparent	____Babysitter
____School Personnel	____Stranger
____Other: _____	

22 I had the best family in the world. 1 2 3 4 5

23 Someone tried to make me do sexual things or watch sexual things. 1 2 3 4 5

If you answered 2 - 5, please specify who (check all that apply):

____Mother
____Father
____Family member
____Friend
____Both Parents
____Stepparent
____School Personnel
____Other: _____

____Parent's Boyfriend or Girlfriend
____Ones Own Relationship Partner
____Foster Parent/Someone in the Home
____Cousin
____Sibling(s)
____Babysitter
____Stranger

24 Someone molested me. If you answered 2 - 5, please specify who (check all that apply): 1 2 3 4 5

____Mother
____Father
____Family member
____Friend
____Both Parents
____Stepparent
____School Personnel
____Other: _____

____Parent's Boyfriend or Girlfriend
____Ones Own Relationship Partner
____Foster Parent/Someone in the Home
____Cousin
____Sibling(s)
____Babysitter
____Stranger

25 I believed that I was emotionally abused. If you answered 2 - 5, please specify who (check all that apply): 1 2 3 4 5

____Mother
____Father
____Family member
____Friend
____Both Parents
____Stepparent
____School Personnel
____Other: _____

____Parent's Boyfriend or Girlfriend
____Ones Own Relationship Partner
____Foster Parent/Someone in the Home
____Cousin
____Sibling(s)
____Babysitter
____Stranger

26 There was someone to take me to the doctor if I needed it. 1 2 3 4 5

If you answered 2 - 5, please specify who (check all that apply):

____Mother	____Parent's Boyfriend or Girlfriend
____Father	____Ones Own Relationship Partner
____Family member	____Foster Parent/Someone in the Home
____Friend	____Cousin
____Both Parents	____Sibling(s)
____Stepparent	____Babysitter
____School Personnel	____Stranger
____Other: _____	

I believed that I was sexually abused.

27 If you answered 2 - 5, please specify who (check all that apply): 1 2 3 4 5

____Mother	____Parent's Boyfriend or Girlfriend
____Father	____Ones Own Relationship Partner
____Family member	____Foster Parent/Someone in the Home
____Friend	____Cousin
____Both Parents	____Sibling(s)
____Stepparent	____Babysitter
____School Personnel	____Stranger
____Other: _____	

28 My family was a source of strength and support. 1 2 3 4 5

MIPPA

Each of the statements below asks questions that pertain to your feelings about **your mother** (e.g. primary female caregiver). Read each statement carefully. Then, using the scale shown below, decide which response most accurately reflects how true the statement was for you **WHEN YOU WERE A CHILD** (from birth to 15 years of age). There are no correct or incorrect answers. Mark only one response for each statement.

1 = Almost Never or Never True
2 = Not Very Often True
3 = Sometimes True
4 = Often True
5 = Almost Always or Always True

1.	My mother respected my feelings.	1 2 3 4 5
2.	I felt my mother did a good job as my mother.	1 2 3 4 5
3.	I wish I had a different mother.	1 2 3 4 5
4.	My mother accepted me as I was.	1 2 3 4 5
5.	I liked to get to get my mother's point of view on things I was concerned about.	1 2 3 4 5
6.	I felt it was no use letting my feelings show around my mother.	1 2 3 4 5
7.	My mother was able to tell when I was upset about something.	1 2 3 4 5
8.	Talking over my problems with my mother made me feel ashamed or foolish.	1 2 3 4 5
9.	My mother expected too much from me.	1 2 3 4 5
10.	I got easily upset around my mother.	1 2 3 4 5
11.	I got upset a lot more than my mother knew about	1 2 3 4 5
12.	When we discussed things, my mother cared about my point of view.	1 2 3 4 5
13.	My mother trusted my judgment.	1 2 3 4 5
14.	My mother had her own problems, so I didn't bother her with mine.	1 2 3 4 5
15.	My mother helped me to understand myself better.	1 2 3 4 5
16.	I told my mother about my problems and troubles.	1 2 3 4 5
17.	I felt angry with my mother.	1 2 3 4 5
18.	I didn't get much attention from my mother.	1 2 3 4 5
19.	My mother helped me to talk about my difficulties	1 2 3 4 5
20.	My mother understood me.	1 2 3 4 5

21.	When I got angry about something, my mother tried to understand.	1 2 3 4 5
22.	I trusted my mother.	1 2 3 4 5
23.	My mother didn't understand what I was going through.	1 2 3 4 5
24.	I could count on my mother when I needed to get something off my chest.	1 2 3 4 5
25.	If my mother knew something was bothering me, she asked me about it.	1 2 3 4 5

PIPPA

Each of the statements below asks questions that pertain to your feelings about **your father** (e.g. primary male caregiver). Read each statement carefully. Then, using the scale shown below, decide which response most accurately reflects how true the statement was for you **WHEN YOU WERE A CHILD** (from birth to 15 years of age). There are no correct or incorrect answers. Mark only one response for each statement.

1 = Almost Never or Never True
2 = Not Very Often True
3 = Sometimes True
4 = Often True
5 = Almost Always or Always True

1.	My father respected my feelings.	1 2 3 4 5
2.	I felt my father did a good job as my father.	1 2 3 4 5
3.	I wish I had a different father.	1 2 3 4 5
4.	My father accepted me as I was.	1 2 3 4 5
5.	I liked to get to get my father's point of view on things I was concerned about.	1 2 3 4 5
6.	I felt it was no use letting my feelings show around my father.	1 2 3 4 5
7.	My father was able to tell when I was upset about something.	1 2 3 4 5
8.	Talking over my problems with my father made me feel ashamed or foolish.	1 2 3 4 5
9.	My father expected too much from me.	1 2 3 4 5
10.	I got easily upset around my father.	1 2 3 4 5
11.	I got upset a lot more than my father knew about	1 2 3 4 5
12.	When we discussed things, my father cared about my point of view.	1 2 3 4 5
13.	My father trusted my judgment.	1 2 3 4 5
14.	My father had his own problems, so I didn't bother him with mine.	1 2 3 4 5
15.	My father helped me to understand myself better.	1 2 3 4 5
16.	I told my father about my problems and troubles.	1 2 3 4 5
17.	I felt angry with my father.	1 2 3 4 5
18.	I didn't get much attention from my father.	1 2 3 4 5
19.	My father helped me to talk about my difficulties	1 2 3 4 5
20.	My father understood me.	1 2 3 4 5

21.	When I got angry about something, my father tried to understand.	1 2 3 4 5
22.	I trusted my father.	1 2 3 4 5
23.	My father didn't understand what I was going through.	1 2 3 4 5
24.	I could count on my father when I needed to get something off my chest.	1 2 3 4 5
25.	If my father knew something was bothering me, he asked me about it.	1 2 3 4 5

APPENDIX C

DEBRIEFING STATEMENT

Debriefing Statement

The study you have just completed was designed to investigate the relationship of ethnic identity, stress, social support, self-efficacy and methods of coping in women that have potentially experienced sexual assault in childhood and/or adulthood. Specifically, we are interested in examining the role each factor plays in resiliency and mental health among women. Most research concerning sexual assault has focused on the negative impact of those experiences. The purpose of the present study is to also investigate factors that help women cope with these experiences. It is hoped that this information may be useful in the development of optimal intervention programs for women who have experienced sexual assault.

The anonymity of your identity and data results are guaranteed in accordance with professional and ethical guidelines set by the CSUSB Department of Psychology Institutional Review Board and the American Psychological Association. The focus of this research is at a group level and not on an individual level. If you are interested in the results of this study (after July 2006) or if you have any questions concerning your participation in this study, please contact Dr. David Chavez at (909) 537-5572. Additionally, you are being provided with pamphlets that give you information about services in the area that you are women you know may benefit from.

Please do not reveal details about this study to anyone who may be a potential subject, as we will be collecting data over the next few months. Thank you for your participation.

APPENDIX D

RESOURCE HANDOUT FOR RAPE CRISIS CENTERS AND DOMESTIC VIOLENCE CENTERS

Resources for Riverside and San Bernardino Counties

RAINN
635B Pennsylvania Ave., S.E.
Washington, DC 20003
Phone: (202) 544-1034
Hotline: 1-800-656-HOPE
(hotline will direct survivor to
nearest rape crisis center)

Riverside County Rape Crisis Centers:

Center Against Sexual Assault of Southwest Riverside Co.
P.O. Box 2564
Hemet, CA 92546
(909) 652-8300

Coachella Valley Sexual Assault Services
45-691 Monroe Street, Suite 10
Indio, CA 92201
(760) 568-9071

Riverside Area Rape Crisis Center
1465 Spruce Street #G
Riverside, CA 92507-2446
(909) 686-7273

U.C. Riverside Rape Prevention Program
1900 University Avenue
Riverside, CA 92521
(909) 787-5000

Riverside County Domestic Violence Resources:

Alternatives to Domestic Violence
P.O. Box 90010
Riverside, CA 92502
(951) 320-1370
1-800-339-7233

Lutheran Social Services (Genesis Shelter)
3772 Taft Street
Riverside, CA 92503
(951) 689-7847
Shelter From the Storm
73555 Alessandro Drive, Studio D
Palm Desert, CA 92255-4155
(760) 674-0400

San Bernardino County Rape Crisis Centers:

San Bernardino Sexual Assault Services, Inc.
505 North Arrowhead Avenue, Suite 100
San Bernardino, CA 92401-1221
(909) 885-8884

Redlands Office
30 Cajon Street
Redlands, CA 92373
(909) 335-8777

Victorville Office
15437 Anacapa Road, Suite 8
Victorville, CA 92392
(760) 952-0041

Yucaipa Outreach
34282 Yucaipa Blvd.
Yucaipa, CA 92399
(909) 790-9374

San Bernardino County Domestic Violence Shelters:

Better Way
14114 Hisperia Road
Victorville, CA 92392
(760) 955-8723

Doves
P.O. Box 3646
Big Bear Lake, CA 92315
(909) 866-1546
(909) 866-5723

Haylee House
701 Frances Street
Barstow, CA 92311
(760) 256-3441

High Desert Domestic Violence
17100-B Bear Valley Road #284PMB
Victorville, CA 92392
(760) 843-0701

Morongo Basin Unity Home
61738 Twentynine Palms Highway
Joshua Tree, CA 92252
(760) 366-9663
1-866-367-6638

Option House
P.O. Box 970
San Bernardino, CA 92404
(909) 381-3471

Other Resources

Helpline
(Suicide, Crisis Counseling & Information and Referrals)
(990) 686-4357

Child Protective Services
1 (800) 442-4918

Youth Service Center
(909) 683-5193

APPENDIX E

PEARSON PRODUCT MOMENT CORRELATIONS BETWEEN CHILDHOOD SEXUAL ABUSE, PATERNAL ATTACHMENT, AND PARTNER ABUSE

Table 2. Pearson Product-moment Correlations between Abuse variables, Self-esteem, and Attachment variables

	Childhood Sexual Abuse	Self-esteem	Maternal Trust	Paternal Trust	Paternal Communic-ation	Maternal Communica-tion	Partner Sexual Assault	Partner Physical Assault	Partner Psych. Aggression
Childhood Sexual Abuse	1	.04	-.24**	-.16*	-.27**	-.21*	-0.02	0.06	0.01
Self-esteem		1	.25*	.22*	.30**	.32**	-.24*	-.27**	-.34**
Maternal Trust			1	.85**	.33**	.22**	0.03	0.02	-0.01
Paternal Trust				1	.32**	.29**	0.03	0.02	-0.02
Paternal Communication					1	.88**	-0.07	-.19*	-0.16
Maternal Communication						1	-.02	-0.13	-0.07
Partner Sexual Assault							1	.50**	.52**
Partner Physical Assault								1	.57**
Partner Psychological Aggression									1

- * Correlation is Significant at the .05 Level (2 Tailed)
- ** Correlation is Significant at the .01 Level (2 Tailed)

REFERENCES

American Psychological Association. (1992). Ethical Principals of Psychologists and Code of Conduct. *American Psychologists, 47*, 1597-1611.

Arata, C. M. (2000). From child victim to adult victim: A model for predicting sexual revictimization. *Child Maltreatment, 5*(1), 28-38.

Banyard, V. L., Williams, L. M., & Siegel, J. A. (2001). The long-term mental health consequences of child sexual abuse: An exploratory study of the impact of multiple traumas in a sample of women. *Journal of Traumatic Stress, 14*(4), 697-715.

Barrett, P. M., & Holmes, J. (2001). Attachment relationships as predictors of cognitive interpretation and response bias in late adolescence. *Journal of Child and Family Studies, 10*(1), 51-64.

Beitchman, J. H., Zucker, K. J., DaCosta, G., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect, 16*, 101-118.

Bigner, J. J. (1998). *Parent child relations, an introduction to parenting* (5th ed.). Upper Saddle River, NJ: Prentice Hall

Braver, M., Bumberry, J., Green, K., & Rawson, R., (1992). Childhood abuse and current psychological functioning in a counseling center population. *Journal of Counseling Psychology, 19*(2), 252-257.

Clarke, S., & Llewelyn, S. (1994). Personal constructs of survivors of child sexual abuse receiving cognitive analytic therapy. *British Journal of Medical Psychology, 67*, 273-289.

Crowe, T. V. (2002). Translation of the Rosenburg Self-Esteem Scale into American Sign Language: A principal components analysis. *Social Work Research, 26*(1), 57-63.

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*, 530-541.

Freshwater, K., Leach, C., & Aldridge, J. (2001). Personal constructs, child sexual abuse, and revictimization. *British Journal of Medical Psychology, 74*, 379-397.

Horton, C. B., & Cruise, T. K. (1997). Clinical assessment of child victims and adult survivors of child maltreatment. *Journal of Counseling and Development, 76*, 94-104.

Hyman, S. M., Gold, S. N., & Cott, M. A. (2003). Forms of social support that moderate PTSD in childhood sexual abuse survivors. *Journal of Family Violence, 18*(5), 295-300.

Irwin, H. J. (1999). Violent and nonviolent revictimization of women abused in childhood. *Journal of Interpersonal Violence, 14*, 1095-2010.

Janowski, M. K., Leitenberg , H., Henning, K., & Coffey, P. (2002). Parental caring as a possible buffer against sexual revictimization in young adult survivors of child sexual abuse. *Journal of Traumatic Stress, 15*(3), 235-244.

Johnson, L. N., Ketring, S. A., & Abshire, C. (2003). The revised inventory of parent attachment: Measuring attachment in families. *Contemporary Family Therapy, 25*(3), 233-249.

Krahe, B. (2000). Childhood sexual abuse and revictimization in adolescence and adulthood. *Journal of Personal and Interpersonal Loss, 5*, 149-155.

Maker, A. H., Kemmelmeier, M., & Peterson, C. (1998). Long-term psychological consequences in women of witnessing parental physical conflict and experiencing abuse in childhood. *Journal of Interpersonal Violence, 13*, 574-589.

Maker, A. H., Kemmelmeier, M., & Peterson, C. (2001). Child sexual abuse, peer sexual abuse, and sexual assault in adulthood: A multi-risk model of revictimization. *Journal of Traumatic Stress, 14*(2), 351-368.

Medora, N. P., Willson, S., & Larson, J. H. (2001). Attitudes toward parenting strategies, potential for child abuse, and parental satisfaction of ethnically diverse low-income U.S. mothers. *Journal of Social Psychology, 141*(3), 335-349.

Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. *Child Abuse and Neglect, 20*(1), 7-21.

Parker, J. S., & Benson, M. J. (2004). Parent-adolescent relations and adolescent functioning: Self-esteem, substance use, and delinquency. *Adolescence, 39*(155), 519-530.

Ryan, K. D., Kilmer, R. P., Cauce, A. M., & Watanabe, H. (2000). Psychological consequences of child maltreatment in homeless adolescents: Untangling the unique effects of maltreatment and family environment. *Child Abuse and Neglect, 24*(3), 333-352.

Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2003). The long-term health outcomes of childhood abuse: An overview and call to action. *Journal of General Internal Medicine, 18*(10), 864-870.

Sroufe, J. (2003). Commentary: Comprehending the incomprehensible. *Attachment & Human Development, 5*(4), 409-414.

Stein, J. A., Leslie, M. B., & Nayamathi, A., (2002). Relative contributions of parental substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood. *Child Abuse, 26*(10), 1011-1027.

Vitiello, V. J. (2002). Child abuse: Recognition and resolution. *EMS Today,* 20-26.

Weikerle, C., & Wolfe, D. A. (1998). The role of child maltreatment and attachment style in adolescent relationship violence. *Development and Psychopathology, 10,* 571-586.